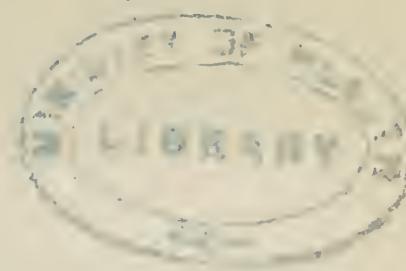


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SEAFORD URBAN DISTRICT COUNCIL

ANNUAL REPORT

of the

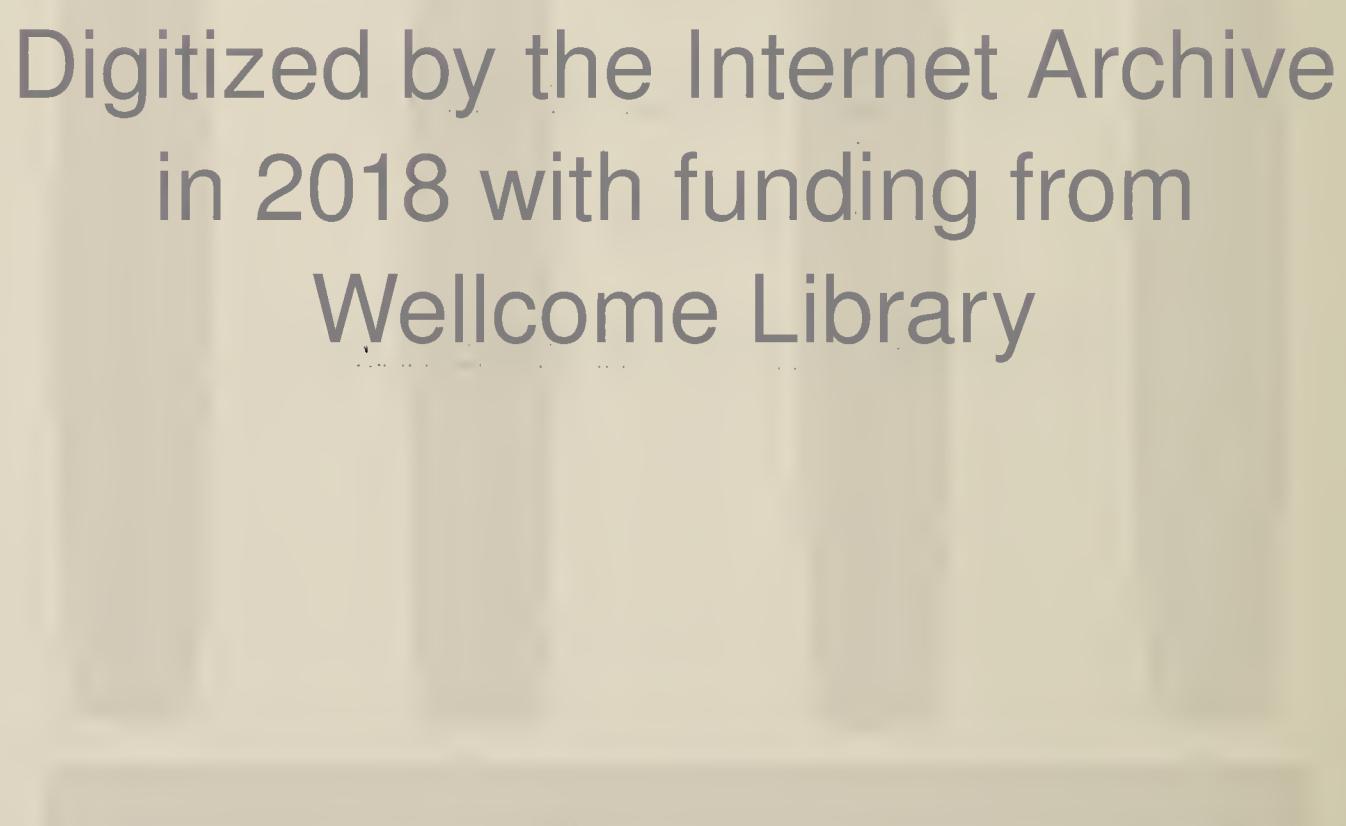
MEDICAL OFFICER OF HEALTH

for the

YEAR ENDED - 31st DECEMBER, 1946.

Public Health Department,
Lewes House,
Lewes.

31st July, 1947.



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SEAFORD URBAN DISTRICT COUNCIL.

Public Health Office,
Lewes House,
Lewes.

31st July, 1947.

TO THE CHAIRMAN AND MEMBERS OF THE SEAFORD
URBAN DISTRICT COUNCIL.

Mr. Chairman, Ladies and Gentlemen,

I have much pleasure in submitting my Annual Report for the year 1946 on the health of the inhabitants and on the sanitary conditions of the Urban District of Seaford.

The estimated population for the year was 8,334. This is 1,265 less than the population in 1939, which was 9,599.

The Birth Rate for 1946 was 19.19 per 1,000 population, as compared with 20.46 per 1,000 population for 1945. The Birth Rate for England and Wales for 1946 was 19.1.

The Death Rate for the year under review was 10.91 per 1,000 population, as compared with 14.88 per 1,000 population for 1945.

The Infantile Mortality Rate, or the proportion of infants dying under one year of age, per 1,000 live births, was 6.25, as against a figure of 42. for the small towns in England and Wales for 1946. The rate for Seaford is a low one. As stated in previous Annual Reports, a high rate is usually associated with one or more of the following factors - overcrowding, bad housing, defective sanitation, adverse climatic conditions, together with maternal ignorance and neglect.

There were no deaths of women in, or in consequence of, child-birth. The Maternal Mortality Rate was thus nil.

With regard to infectious diseases, there was only one case of diphtheria notified during the year. This case was not immunised against the disease. There was no death from this cause.

One hundred and sixteen children were immunised against diphtheria in Seaford during 1946. A regular monthly immunisation clinic commenced in June, 1946, and was well attended for the remainder of the year.

Apart from a small outbreak of measles, there is nothing much to comment upon in connection with infectious diseases in 1946, except to mention that the prevalence and mortality were low. One of the two cases of cerebro-spinal fever notified unfortunately died. This was the only death due to infectious disease.

Concerning pulmonary tuberculosis, nine new cases were notified in 1946, compared with six new cases notified in the previous year. One new case of non-pulmonary tuberculosis was notified in 1946, as compared with three new cases in 1945. There was one death in 1946 ascribed to non-pulmonary tuberculosis. No deaths occurred from pulmonary tuberculosis. For some years the death rate in Seaford from pulmonary tuberculosis has been a low one, compared with the death rate in industrialised areas.

As your Medical Officer of Health, I was called in as consultant by general practitioners where there were cases of infectious diseases in Seaford of doubtful diagnosis. I was also consulted by family doctors regarding the housing conditions etc., of tuberculous patients. During the year, the tuberculosis register kept at the Seaford Public Health Department was revised and amended accordingly as cases became cured, or left the district, or died.

Dealing with the sanitary circumstances of the district, a number of samples of water supplied by main were submitted during the year to bacteriological and chemical examinations. The results of these examinations showed that the water was pure and wholesome, and of excellent quality, fit for human consumption.

During the year several drain stoppages, mainly of houses standing empty for some time after occupation by the military, had to be cleared.

On inspections of milk retailers' premises, these were found to be kept in a clean condition. Nine samples of milk taken during the year and examined bacteriologically proved to be satisfactory.

The three bakehouses in the town, on inspection at various times in the year, were found to be satisfactory as regards cleanliness.

The two fried fish and chip shops in Seaford had no nuisances on inspections. The premises, utensils, etc., were kept in a clean condition.

Food shop inspections of various premises showed that these premises were very well kept. This is a feature of Seaford. Clean shops, allied with good service and courtesy.

A fair amount of foodstuffs found to be unfit for human consumption, usually by bad storage or damage to containers elsewhere than in Seaford, was voluntarily surrendered by shopkeepers, and was disposed of by the sanitary authority.

Other features of the year's work have been the appointments held by your sanitary inspector. Whilst these do not strictly come within the ambit of a sanitary inspector's duties, they were very necessary. They included, A.R.P. sub-controller, petroleum inspector, ambulance officer, and re-housing officer.

During 1946, as your Medical Officer, I officially represented a dwelling house as unfit for human habitation, and made inspections of nine other dwelling houses, regarding fitness and carried out various other inspections in connection with environmental hygiene.

In closing, I wish to thank the officials of other Departments for their ready help and courtesy, the general practitioners of the town for their collaboration with the Public Health Department, the Public Health staff for their assistance in many matters, and lastly, and chiefly, the Chairman and members of the Health and Housing Committee who have always had the maintenance, at a high standard, of the health of the inhabitants of Seaford, in the forefront of their endeavours.

I am, Mr. Chairman, Ladies and Gentlemen,
Yours obediently,

G.M.D.S.B. LOBBAN.

M.B., Ch.B., D.P.H.
Fellow R.S.I.
" R.I.P.H.
" S.M.O.H.
etc.

Medical Officer of Health.

SECTION I.STATISTICS OF THE AREA - 1946.

Area (in acres)	4,274
Population	8,334
Rateable Value (estimated)	£121,523
Sum represented by Penny Rate	£475

EXTRACTS FROM VITAL STATISTICS

	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Rate per 1,000 Population</u>
<u>Live Births</u>				
<u>Legitimate</u>	81	71	152	
<u>Illegitimate</u>	4	4	8	
			<u>160</u>	<u>19.19</u>
<u>Deaths</u>	41	50	91	10.91
Number of women dying in, or in consequence of childbirth			Nil	Nil
<u>Deaths of infants under 1 year of age (usually spoken of as the Infantile Mortality Rate)</u>			1	<u>Rate per 1,000 Live Births</u> 6.25

BIRTH RATE

For the year 1946 the birth rate for Seaford was 19.19 per 1,000 population. This rate, compared with 20.46 per 1,000 population for the year 1945, was slightly less.

Statistics of births are of interest, mainly because of their relation to the population growth.

Birth rates are, of course, directly influenced by the number of women in a community of child-bearing age. The child-bearing period of life may be considered as between the ages of fifteen and forty-nine years of age; the ages between twenty-five and forty-five are, for most who live in this country, however, those mainly productive.

Other factors influence the birth rate, and some of those factors are the number of marriages in a community, ages at marriage, and those relating to economic conditions, in a given locality.

The growth of a population, which is usually and mainly attained by a natural increase, i.e., by a continued excess of births over deaths, often determines a locality's prosperity. A decrease, if continued, often determines the reverse.

The birth rate statistic itself is based upon the number of births in a community and upon the population or size of that community. The number of births are obtained through birth registrations, and normally every ten years a census of the population is taken. In inter-censal years the Registrar-General gives an estimate of the annual populations.

Birth registration forms a legal record that is frequently useful and may be of the greatest importance. It establishes the date of birth and the child's parentage and legitimacy. It can be used to establish a child's age for attendance at school; whether an individual has attained the age when he or she can marry without the parents' permission; to establish age in connection with the granting of pensions; military duty and voting.

In public health administration, registration of births shows where the babies are, and makes possible such observance and protection as the public health department should extend. Birth registration is also useful to check up children who have, or who have not, been vaccinated against smallpox, or immunised against diphtheria. It is also possible to see that babies of poor families have proper food and adequate attention. Through the registration of births, the observation of infants under two weeks of age, brings to light some cases of ophthalmia or grave eye trouble, which, otherwise than without prompt treatment, might cause serious and lasting injury to vision, and at times to total blindness.

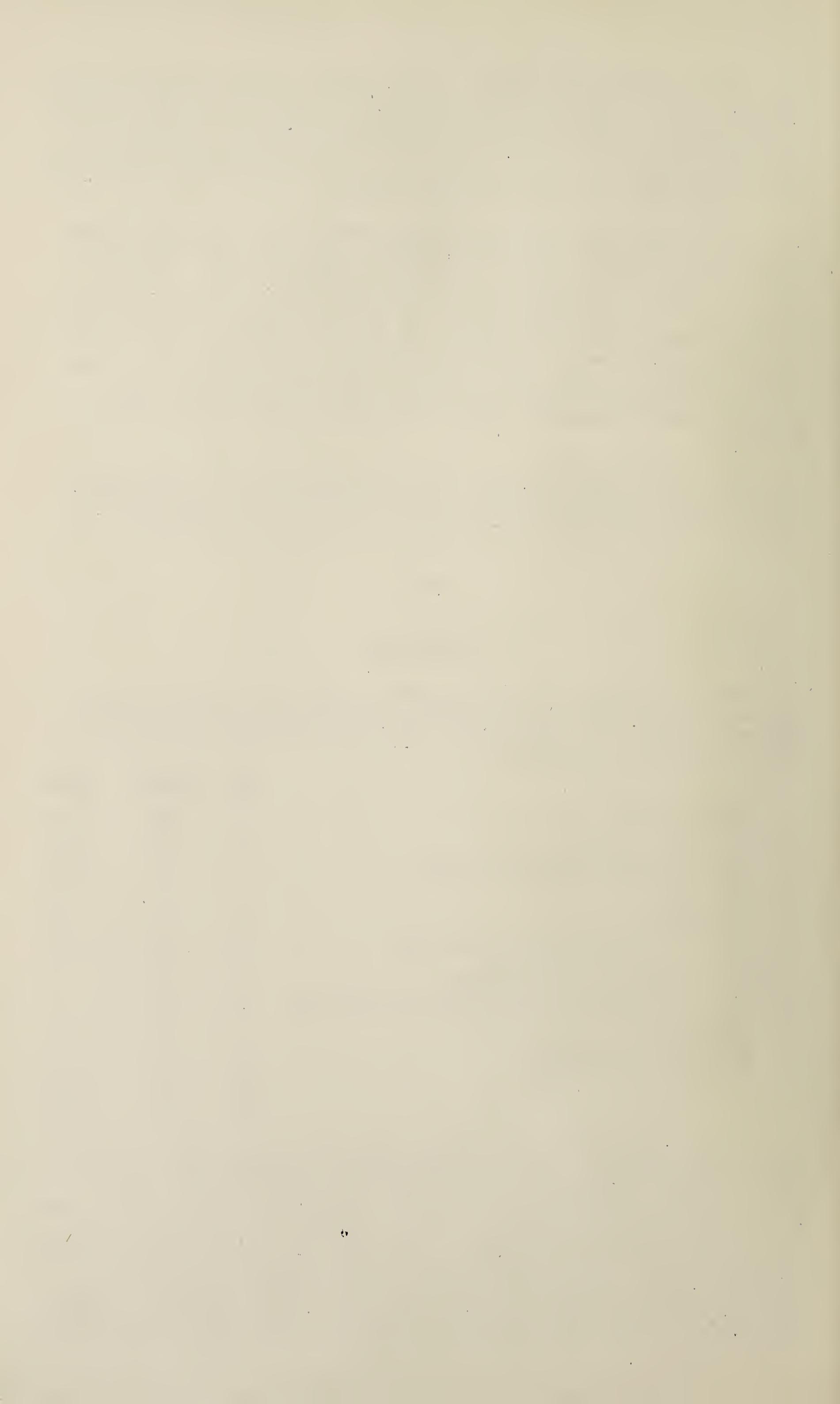
Thus, besides helping to form the basis of a vital statistic, the birth rate, which is useful to the economist, the legislator, the statesman, the local authorities, and to the statistician, the registration of births is important and useful in many ways.

DEATH RATE

The annual death rate in Seaford for 1946 was 10.91 per 1,000 population, as compared with 14.88 per 1,000 population in 1945. The total number of deaths was 91 (i.e., 41 male and 50 female), and the causes were as follows:-

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Heart Disease	10	15	25
Cancer	8	10	18
All other causes	10	6	16
Intra-cranial vascular lesions	3	7	15
Diabetes	1	2	3
Bronchitis	-	2	2
Pneumonia	2	-	2
Ulcer of the Stomach or duodenum	2	-	2
Other digestive diseases	-	2	2
Other forms of Tuberculosis	-	1	1
Other disorders of the Circulatory System	-	1	1
Other Respiratory Diseases	-	1	1
Nephritis	-	1	1
Road Traffic Accident	-	1	1
Other Violent Causes	-	1	1
	<hr/> <u>41</u>	<hr/> <u>50</u>	<hr/> <u>91</u>

As in former years, the chief cause of death in 1946 was heart disease (25 deaths). This is followed by 18 deaths from cancer. Heart disease and cancer usually head the list year after year. Intra-cranial vascular lesions, mostly 'strokes', claimed 16 victims. Deaths from diabetes numbered three. Bronchitis, pneumonia, and ulcer of the stomach or duodenum, have two each. Then follow on the list, other digestive diseases, other forms of tuberculosis, other disorders of the circulatory system, other respiratory diseases, nephritis, road traffic accident, and other violent causes all with one each. Deaths from all other causes, not specifically mentioned, numbered 16. The vast majority of deaths occurred in elderly people;



most lived well beyond the three score years and ten.

Primarily, death rates are of interest because of their relation to changes in population. Apart from the factors of immigration and emigration to and from a community, death rates indicate the losses being sustained by a population in the same way as birth rates indicate the additions.

Death rates show the extent of loss by death caused by diseases; in this connection they have performed an important service in creating interest in public health and in securing support for public health measures. Death rates, however, give a very imperfect view of the prevalence of disease. There is no absolutely fixed ratio between sickness and mortality. For instance, the fatality of a given infectious disease varies greatly in different outbreaks under varying conditions. Statistics of the living are required more, although death rates are useful and necessary figures. Statistics of the living exist in the shape of the incidence of the various notifiable infectious diseases, of tuberculosis, etc., but practically none for the incidence of heart disease, cancer, rheumatism, gastric ulcer, kidney diseases, and nervous diseases, each of which may cause great disablement at some time or another, and to loss of health and efficiency.

As already stated, a population increases because of the excess of births over deaths, that is, by natural increase. In a stationary population, the birth rate equals the death rate. The birth rate depends for its excess over the death rate upon the ever-increasing number of child producing elements in the population, and the resulting greater numbers in the younger age groups. Other things being equal, a community with a high birth rate will, because of the great proportion of the population in the younger age groups, have a lower death rate than a community with a low birth rate.

SPECIFIC CAUSES OF DEATH

1. HEART DISEASE: is composed of a large number of highly diverse conditions and diseases. From 2 per cent to 2.5 per cent of applicants for life insurance are rejected on account of heart disease. Besides shortening life, heart disease is responsible for much disability and invalidism. Not all heart lesions are fatal. As to the prevalence of heart disease, there is little difference according to occupation, and comprehensive knowledge concerning its prevalence and different causes is lacking. This points to a good deal of further research being required, especially in view of the leading place heart disease occupies year after year as a cause of death, and as a cause of a great deal of disability.

2. CANCER: is a general term covering all malignant tissues of different kinds of cancerous affection. There is some connection between modern conditions of living and the increase of cancer, but the actual cause of cancer has not so far been discovered. It seems clear, however, that chronic irritation may induce cancer in susceptible persons. Thus we have cancer in shale oil workers, bad cancer in chimney sweeps, and in x-ray workers. Many cases of cancer can be cured if treated early enough. The popular conception that cancer is always a hopeless and incurable disease, is not correct. At first cancer appears to be local, and if detected in time, and removed, there is a high possibility of cure.

3. INTRA-CRANIAL VASCULAR LESIONS: these vascular lesions are usually cerebral haemorrhages. In some families there is a tendency to degeneration of the blood vessels. These degenerated vessels are then more liable to burst, haemorrhage so produced from the cerebral blood vessels thus cause intra-cranial vascular lesions.

Predisposing factors are nephritis, alcoholism, chronic muscular strains, and high blood pressure, the latter due to a variety of causes, such as the hypertension of present day life.

4. BRONCHITIS: this affection may be primarily due to exposure, or secondarily, following upon a common cold, tonsillitis, laryngitis, or associated with influenza or some of the infective fevers; measles, whooping cough etc. In old people it may be associated with heart disease, kidney disease, or other lung affections, such as pneumonia. Both acute and chronic bronchitis require medical supervision and should not be neglected.

5. NEPHRITIS: Acute nephritis may be caused through a chill or may be associated with scarlet fever, measles, or diphtheria. Toxic agents, such as turpentine and carbolic acid are other causes, and it may be associated with pregnancy. Acute nephritis cannot be regarded as infectious.

BIRTH, DEATH AND POPULATION TABLE

The population of Scaford reached its highest level in 1939. In the following table, statistics of annual births, deaths, and populations are given, commencing with the year 1939, and proceeding through the years to 1946:

<u>YEAR</u>	<u>POPULATION</u>	<u>TOTAL BIRTHS</u>	<u>BIRTH RATE.</u>	<u>TOTAL DEATHS</u>	<u>DEATH RATE.</u>
1939	9,597	81	8.44	118	12.29
1940	8,133	88	10.82	122	15.01
1941	4,989	72	14.43	89	17.83
1942	5,005	66	13.18	106	21.17
1943	4,882	91	18.63	93	19.04
1944	5,231	126	24.08	107	20.45
1945	6,450	132	20.46	96	14.88
1946	8,334	160	19.19	91	10.91

On perusal of the table it can be observed that out of the eight years there were those - 1944, 1945, 1946 - in which the births exceeded the deaths. The total of births in the eight years was 816 and the deaths 822.

The determining factors governing the growth or decline of the population of a district are :-

- the difference between the numbers of births and deaths;
- the difference between the numbers of immigrants and emigrants;
- changes in the boundaries of a district where there is an addition of population, especially of the younger age groups.

If a community is to hold its own biologically, and grow in size, there must be an excess of births over deaths over a period of considerable length. Since there is a danger in assuming that the population trend will continue as in the years 1944 to 1946, when the births exceeded the deaths, it can be stated now that such a trend at the end of a war period has been found, usually, not to persist. The birth rate after a sporadic increase lapses into its former state of being less than the death rate in towns which are mainly residential.

Examining the first factor, there is an excess of deaths over births. Dealing with the second factor, it is certainly true that middle-aged and elderly people come to Scaford to retire or stay, and are immigrants, but in number they have not so far influenced the population to a great extent, since the 1946 population is still below that of the 1939. Also, since the maintenance of a sufficient number of births every year to replace and exceed the number of deaths, depends upon the number of young women in the population, and the proportion of those young women who marry, the elderly and middle-aged do not influence the main and overwhelming factor, that is, a continued excess of births over deaths. There has been recently a small emigration of people of the younger age groups from Scaford. There is no need to discuss the third factor.

What will happen to the town of Scaford in the future is not merely the matter of opinion. Scaford is blessed with one of the healthiest climates in Britain. It is also in competition with other seaside resorts. The question is, what can one make happen to it to attract more and more people to it?

Birth rates, Civilian Death rates, Analysis of Mortality, Maternal Mortality & Case rates for certain infectious diseases in the year 1946. Provisional figures based on Weekly and Quarterly Returns.

	England and Wales	126 C.Bs. and Great Towns including London	148 Smaller Towns; Res- ident Pop: 25,000 to 50,000 at 1931 Census	London Admini- strative County.	Seaford
Live Births	19.1	Rates per 1,000 Civilian Population:-			
Still Births	0.53	22.2	21.3	21.5	19.19
DEATHS		0.67	0.59	0.54	0.47
All causes	11.5	12.7	11.7	12.7	10.91
Typhoid & Paratyphoid	0.00	0.00	0.00	0.00	0.00
Scarlet Fever	0.00	0.00	0.00	0.00	0.00
Whooping Cough	0.02	0.02	0.02	0.02	0.00
Diphtheria	0.01	0.01	0.01	0.01	0.00
Influenza	0.15	0.13	0.14	0.12	0.00
Smallpox	0.00	0.00	0.00	0.00	0.00
Measles	0.00	0.01	0.00	0.01	0.00
Deaths under 1 Year of Age	4.3	Rates per 1,000 Live Births:-			
Deaths from Diarrhoea and Enteritis under 2 yrs of age	4.4	46	37	41	6.25
Notifications:					
Typhoid Fever	0.01	0.01	0.01	0.01	0.00
Paratyphoid Fever	0.02	0.02	0.01	0.01	0.00
Cerebro-Spinal Fever	0.05	0.05	0.04	0.06	0.23
Scarlet Fever	1.38	1.51	1.33	1.42	0.59
Whooping Cough	2.28	2.48	2.05	2.22	1.43
Diphtheria	0.28	0.32	0.31	0.24	0.11
Erysipelas	0.22	0.25	0.22	0.27	0.35
Smallpox	0.00	0.00	0.00	0.00	0.00
Measles	3.92	4.73	3.70	7.35	5.15
Pneumonia	0.89	1.02	0.74	0.75	1.55
Rates per 1,000 Total Births (Live & Still):-					
(a) Notifications:-					
Puerperal Fever)	8.50	10.35	7.63	1.62)	0.00
Ditto Pyrexia)				19.68)	
(b) Maternal Mortality in England and Wales:-					
No.140 Abortion with Sepsis	No.141 Abortion Without Sepsis	No.147 Puerperal Infections	Nos 142-146 148-150 Other	Sc- ford	
0.13	0.06	0.18	1.06	0.00	
Abortion:- Mortality per million women aged 15-45 in England & Wales:					
No.140 With Sepsis		No.141 Without Sepsis			
11		5		Nil	

* / Per 1,000 related births

/ Rates per 1,000 Total Population

/ Including Puerperal Fever.

SECTION II.

GENERAL PROVISION OF HEALTH SERVICES

IN THE AREA

Public Health Facilities of the Local Authority:

The Medical Officer of Health for the Urban District of Seaford is also the Medical Officer of Health for the Borough of Lewes, the Urban District of Newhaven and the Rural District of Chailey.

Normally one Sanitary Inspector carries out duties in the Urban District of Seaford.

Laboratory Facilities:

These are provided by the Royal Sussex County Hospital, Brighton.

Ambulance:

The town casualty service consists of one first line ambulance; one second line ambulance, and one sitting case car which, for the time being, are being worked direct by the Council with a staff of two drivers.

Nursing in the Home:

This is carried out by the East Sussex County Nursing Federation through the Seaford and District Nursing Association.

Clinics and Treatment Centres:

Treatment Centres remain the same as previously, but it was decided to hold an immunisation clinic once a month. This has proved a very successful and well attended clinic and is held on the first Thursday of each month at the Simon's Institute, Seaford.

Hospitals:

Infectious diseases cases are admitted to the Newhaven Isolation Hospital - Seaford being a member of the Lewes, Newhaven & Seaford Joint Hospital Board. Any cases of smallpox, if they occur, can be sent to the Smallpox Hospital at Plumpton.

Other hospital facilities remain the same as heretofore.

Poor Law Medical Aid Relief:

The arrangements in operation for the provision of medical assistance for those in poor circumstances are made by the East Sussex County Council.

Institutional Provision for the Care of Mental Defectives:

The East Sussex Mental Hospitals Board deal with the Lunacy and Mental Deficiency services.

SECTION III.

SANITARY CIRCUMSTANCES AND SANITARY INSPECTION OF THE AREA.

1. WATER SUPPLY: With the exception of a few properties on the outskirts of the Town, all houses are on the main, and water is supplied by the Newhaven and Seaford Water Company whose wells are situated at Norton. There is a reservoir at Firle Road, near the Blatchington Golf Course.

One sample was taken by the Local Authority which proved both chemically and bacteriologically to be highly satisfactory.

Reports of samples taken by the Company from time to time are submitted to the Local Authority, and in all cases they proved satisfactory.

2. GENERAL OBSERVATIONS: In reviewing the past year's work, reference in some detail should be made to the additional duties placed upon your Sanitary Inspector.

(a) A.R.P. Sub-Controller and Officer: These appointments were held by your Sanitary Inspector during the war years, but were terminated on the 31st March, 1946. Even after that date, however, there were A.R.P. matters which required attention and persisted throughout the year, such as domestic shelters. Between the months of January and March of that year, much time and attention was taken up in the clearing up of equipment, etc.

(b) Petroleum Inspector: More attention than in pre-war years had to be paid to the question of petroleum and its storage in view of the fact that, with the exception of two cases, all equipment and tanks had either been in military hands, or not in use, during the war years. The monthly return of consumption of petrol by the Council's vehicles, obtaining necessary permits, and the ordering of the petrol is undertaken by your Sanitary Inspector.

The number of Licences issued for the storage of petroleum, for the year, was thirteen.

(c) AMBULANCE OFFICER: The Casualty service during the year was under the charge of the Sanitary Inspector. There were two ambulances - one first line and one reserve, with one sitting-case car. A staff of two whole-time driver-attendants were helped by three part-time St. John Ambulance Brigade personnel. The whole-time personnel serviced the vehicles, and carried out running repairs, and were also utilised for such work as fumigations and rat and mice destruction in connection with the Public Health Department.

The total number of calls for the year was 233, being 144 during office hours and 89 out of office hours.

For some four months, during which time the Newhaven Ambulance was under repair, this service also covered that town and answered twenty-two calls which are included in the above figures.

(d) RODENT OFFICER: During the early part of the year rodent control was carried out, based chiefly upon complaints, and charges were made for the work. The Council agreed to participate in the Private Dwellings Special Scheme 1946/47, and proposals were submitted and approved by the Divisional Office of the Ministry of Food. For the purpose of the survey and action necessary, a member of the Casualty service was seconded for four hours each day for six days per week, as Rodent Operator.

The result of the work for the year under review was as follows:-

Number of premises inspected	803
Number of premises found infested ...	70
Estimated kill	336

(e) REHOUSING OFFICER: The amount of attention, care, and time, devoted to the work in relation to housing of inadequately housed persons was considerable. The Sanitary Inspector was responsible for the issue of application forms, the 'pointing' of applicants, in accordance with the Council's scheme, and the keeping of a Register of all applicants. The periodical revision of applications, the interviewing of applicants, the notifying of the Clerk of the Council of houses suitable for requisitioning, and appending notices thereon. Inspections and recommendations of necessary adaptation, preparations of lists of applicants for selection by the Sub-Committee, as tenants for both requisitioned and permanent Council Houses. Interviewing approved applicants, and notifying the Chief Financial Officer, Clerk of the Council, the gas and electrical undertakings. To receive and investigate all complaints and report to the relevant officer, e.g., disrepairs, to the Surveyor, etc. Inspection periodically of requisitioned and Council owned houses, regarding cultivation of gardens, cleanliness, structural and decorative conditions, and sub-letting.

During the year a complete survey of the District was carried out to ascertain the number of empty properties suitable for requisitioning.

All the 136 Council houses were internally and externally inspected and detailed reports were presented to the Council. This involved 1067 personal interviews and 379 inspections.

The number of applications received was 245. The number of families rehoused in requisitioned premises was 39, in Council houses 6, and in temporary houses, 10.

3. STAFF: The staff of the department consists of the Sanitary Inspector, one clerical assistant and two whole-time members of the Casualty Service.

4. INSPECTIONS: The population gradually increased during the year and with this came the consequential increase of duties which were made more difficult by reason of the shortage of materials and labour. Especially was this the case with respect to dustbins and building materials.

During the year the following inspections were made to the premises detailed:-

Premises	Primary In- spections.	Re-inspect- ions.	Total Visits.
Housing	24	38	62
Dairies	43	-	43
Food Shops	26	-	26
Drainage tests on request ...	8	62	70
Drainage inspections ...	7	-	7
Drainage to new buildings and alterations	20	63	83
Drainage nuisances	20	20	40
Drainage to cesspools ...	4	4	8
Disinfections - on request ...	11	12	23
Disinfections - Infectious Diseases	9	9	18

Premises	Primary Inspections.	Re-inspections.	Total Visits.
Number brought forward	172	208	380
Inspections - Infectious Diseases	11	-	11
Inspections - Miscellaneous	31	5	36
Dumps	10	10	20
Rats and Mice	803	210	1013
Bakehouses	9	-	9
Water Supply	2	-	2
Petroleum	13	13	26
Dustbins	15	11	26
Cowsheds	20	-	20
Factory Inspections	10	1	11
Fried Fish Shops	2	-	2
Public Conveniences	11	33	44
Rehousing Inspections	379	-	379
	1,488	491	1,979

5. NUMBER OF NOTICES SERVED: To secure the abatement of nuisances, the following action was taken:-

Number of Informal Notices served	...	...	...	69
Number of Informal Notices complied with	...	...	...	70
Number of Statutory Notices served	...	...	...	2
Number of Statutory Notices complied with	...	...	...	1

6. COMPLAINTS: The number of complaints received during the year was 62, which arose chiefly from:-

(a) Dustbins: Owing to the shortage in supplies, this proved a difficult matter and in a number of cases it was impossible to replace the defective dustbins.

(b) Drain Stoppages: These were largely due to houses standing empty for a long period after use by the military.

7. MILK: During the year there were 4 producers of milk, of which two hold licences for the production of Accredited Milk. This is one producer less than the previous year. Of the six retail traders, one was licenced to sell Pasteurised milk, three to sell Tuberculin Tested milk and one to bottle and sell Accredited Milk.

All premises were kept in a clean condition and were lime-washed or cleansed at the stated periods.

Nine samples of milk were obtained during the year and all were found to be satisfactory bacteriologically.

8. BAKEHOUSES: The three bakehouses in the town were kept in a clean condition, and the necessary cleansing was carried out at the required times.

9. FRIED FISH AND CHIP SHOPS: The two fried fish and chip shops were kept in a clean condition. No complaints were received in respect of this trade, and upon inspection of the premises, no nuisances were found.

10. FOOD: The following foodstuffs were found to be unfit for human consumption, and in all cases were voluntarily surrendered:-

Blown, rusted, or otherwise defective tins

18 - 6 lbs. tins Corned Meat
1 - 12 ozs. tin Prem
1 - 12 ozs. tin Steak and Kidney
1 - 15 ozs. tin Pork Sausage Meat
210 tins of Beans
2 tins of Peas
16 tins of Milk
47 tins of Fruit
14 tins of Fish
1 tin of Syrup
1 tin of Macaroni
1 tin of Spaghetti

Contaminated, broken or delay in transit:

11 pots of Jam, Marmalade, etc.
24 lbs. Chocolate
 $10\frac{1}{2}$ lbs. Toffee
15 stone Herrings
14 lbs. Smoked Cod
3 stone Plaice
21 lbs. Lobsters
6 stone Kippers

Damaged by Weevils, Mite:

80 lbs. of Rolled Oats
 $7\frac{1}{2}$ lbs. of Cheese

Damaged by Rodents:

60 lbs. of Sultanas
8 ozs. of Cheese

Mildew:

8 lbs. of Butter

Damaged by Blowfly:

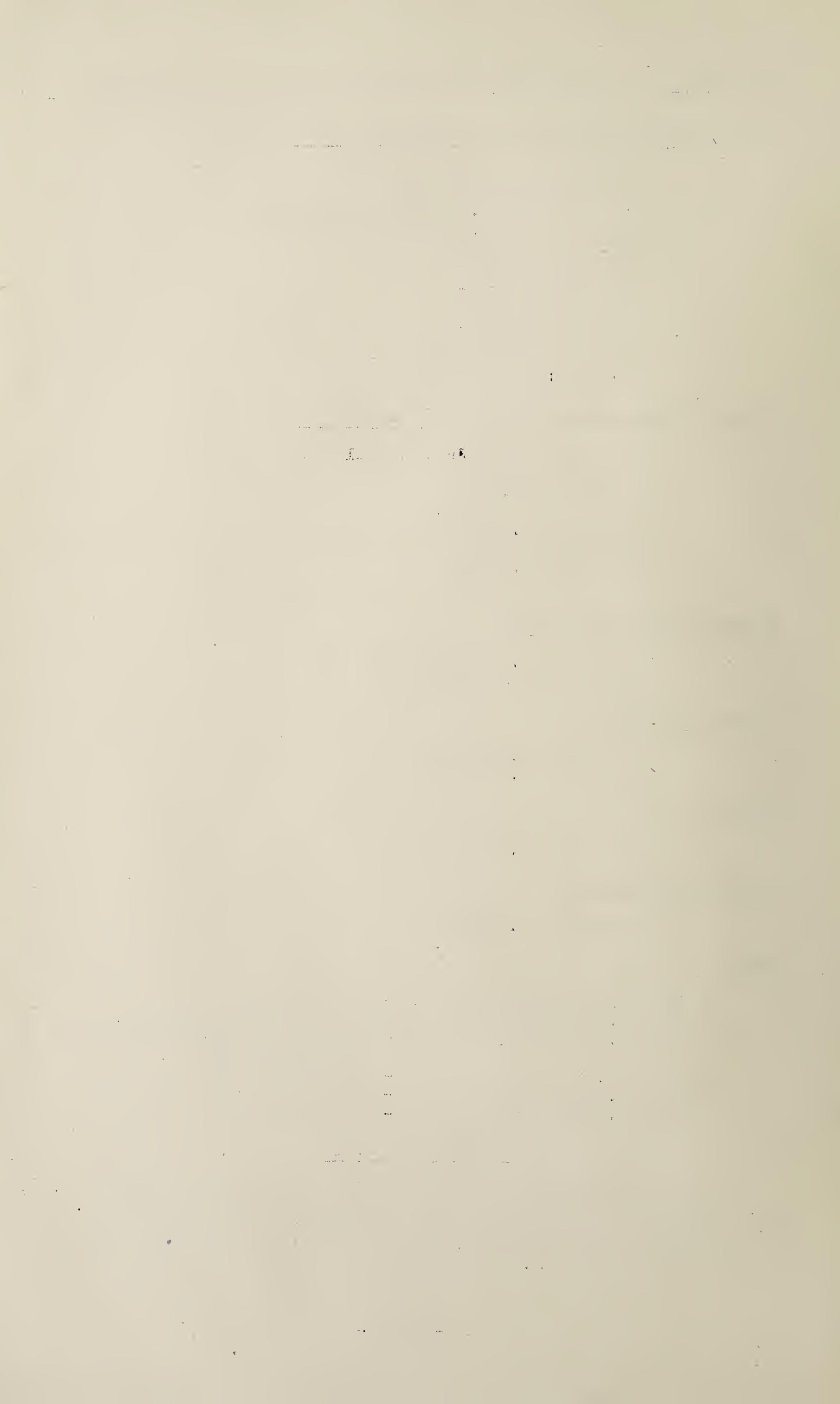
18 lbs. of Bacon

Meat:

78 lbs. Fore-quarter Beef - Badley bruised
16 lbs. Leg of Veal - Broken leg during life.
190 lbs. hind-quarter beef - Decomposition - every appearance
of bad handling.
 $12\frac{1}{2}$ lbs. Lamb - Decomposition
151 lbs. hind-quarter beef - Internal decomposition
1 cwt. Pigs Trotters - Decomposition.

FACTORIES ACT, 1937

There are 26 factories on the register in which Sections 1, 2, 3, 4 and 6 of the Act are to be enforced by Local Authorities. During 1946 eleven inspections were carried out and in one case only was a sanitary defect found, namely, in that there was insufficient sanitary conveniences.



SECTION IV.

PREVALENCE AND CONTROL OVER INFECTIOUS AND
OTHER DISEASES.

INCIDENCE OF NOTIFIABLE INFECTIOUS DISEASES (excluding Tuberculosis) DURING THE YEAR 1946.

Disease	Total Cases Notified.	Cases Admitted to Hospital.	Total Deaths.
Diphtheria	1	-	-
Scarlet Fever	5	2	-
Whooping Cough	12	-	-
Measles	43	-	-
Erysipelas	3	-	-
Pneumonia	13	-	-
Cerebral Spinal Meningitis	2	2	1

INFECTIOUS DISEASES GENERALLY

1. DIPHTHERIA: Only one case of diphtheria was notified in 1946. The child was not immunised against the disease.

Diphtheria has become rare, due to a large block of children having been immunised against it. Apart from the usual non-attendance at the immunisation clinics in Seaford during severe weather - as happened elsewhere - the number of children immunised during 1946 was very satisfactory. The following table shows the numbers in the different age groups:-

Under 5s, namely born in year:-

<u>1946</u>	<u>1945</u>	<u>1944</u>	<u>1943</u>	<u>1942</u>
1	68	20	4	2

Over 5s; namely those born in the years:

<u>1941</u>	<u>1940</u>	<u>1939</u>	<u>1938</u>	<u>1937</u>	<u>1936</u>	<u>1935</u>
3	6	3	2	1	1	3
<u>1934</u>	<u>1933</u>	<u>1932</u>				
-	1	1				

Records of children immunised prior to 1944, not having been available, an accurate percentage of the child population immunised could not be assessed, although it was computed that at the end of 1945 78 per cent of the under fives and 69 per cent of those children between 5 and 15 years had been immunised. It was decided to start with a new base line in 1945 in the interests of accuracy, and this has been done. During 1946 there were no deaths from diphtheria.

2. SCARLET FEVER: in all seven cases of scarlet fever were notified; two of the cases were admitted to hospital. All seven were of

the mild type. Formerly in this country a much more malignant form of scarlet fever existed. This has been largely replaced by the mild form. No deaths were recorded in 1946 from this disease.

3. MEASLES: forty-three cases of measles were notified during 1946 with no deaths. After a child has been infected with measles, usually a high level of protection is developed. This protection may, in rare cases, occasionally disappear, as shown by a second attack, but the protection from one attack is reasonably lasting. Further, a newborn infant has a temporary resistance to measles (lasting up to about six months) if the mother has had the disease. Rigid isolation of cases at home, where there is a large family, can do little to prevent the spread of the disease through the family, as most of the children have already been infected before the rash appears in the original case. Isolation of a patient serves more to protect the sufferer against secondary infection, such as pneumonia.

4. WHOOPING COUGH: Twelve cases of whooping cough were notified, with no deaths. The seriousness of whooping cough is not due to whooping cough itself but to pneumonia which may complicate it. Good medical and nursing care should be given to cases, especially in younger children. Active immunisation shows promise of being of some value in the control of this disease. There is not so far the mass of evidence, as in the case of active immunisation against diphtheria, that this is of absolutely proved value yet.

Of the rest of the infectious diseases notified in 1946, there were thirteen cases of pneumonia with no deaths; three cases of erysipelas with no deaths. There were two cases of cerebro-spinal meningitis notified during the year; death occurred in one of them.

SECTION V.

TUBERCULOSIS

1946 NEW CASES AND MORTALITY

AGE PERIODS	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0	-	-	-	-	-	-	-	-
1	-	-	-	-	-	-	-	-
5	-	-	-	-	-	-	-	-
10	-	-	1	-	-	-	-	-
15	1	-	-	-	-	-	-	-
20	-	-	-	-	-	-	-	-
25	-	2	-	-	-	-	-	-
35	2	1	-	-	-	-	-	-
45	1	1	-	-	-	-	-	-
55	-	1	-	-	-	-	-	-
65 and upwards	-	-	-	-	-	-	-	1
Total	4	5	1	-	-	-	-	1

Nine new cases of pulmonary tuberculosis and one new case of non-pulmonary tuberculosis were notified during 1946, as compared with six new cases of pulmonary and three new cases of non-pulmonary tuberculosis notified in 1945.

Tuberculosis may attack any part of the body, bones and joints, intestines, kidney, brain, heart, etc. The most common site is the lungs. The disease is called pulmonary tuberculosis when the lung system is attacked. When other parts of the body are infected, the disease is classified as non-pulmonary. The infecting agent in pulmonary tuberculosis is the human type of the tubercle bacillus, but it has been found that between 5 per cent and 6 per cent of pulmonary cases were infected with the bovine type of the bacillus. In cases of non-pulmonary tuberculosis, the infecting agent is chiefly the bovine type.

Dealing with pulmonary tuberculosis, although the disease is an important cause of death, only a small percentage of those infected die of it. Many persons contract the disease and overcome the infection without any detectable symptoms, and are never seen by a medical man. In infants, and occasionally in older persons, pulmonary tuberculosis may run an acutely fatal course, but in most persons it is a long drawn out chronic condition frequently punctuated by remissions. The disease can be divided into two types - the primary infection and the re-infection.

The primary infection constitutes the initial response of the body to the infection, and is usually manifested by a localised process in the lungs, such as the tubercle, or an infected lymph node near, or on the root of the lungs. In many instances this is a benign process, healing by fibrous tissue encircling the affected part which is often followed by the deposition of lime salts around that part of the tissue where the affection is, in an attempt to cut off the tubercle bacilli in the part affected, and thus prevent further spread.

The re-appearance of the active disease in a person who has successfully combated the primary infection is referred to as the second type, that of re-infection.

The extent of the infection in a community varies with the degree of infection, economic circumstances, the facilities for the segregation of active cases, the discovery and segregation, if infected, of contacts of the active disease.

Due to circumstances obtaining in Seaford, one would not expect a high incidence, or a high mortality from pulmonary tuberculosis in the district, and such is the case. As already pointed out in this Report, the mortality rate over a number of successive years in this area is much less than the mortality rate in an industrial area over the same period.

Pulmonary tuberculosis is not common among children, rather it is a disease of adults of earning age and capacity. Adults with the disease may still continue to work in an unfit condition. If a wage-earner so infected is declared unfit for work by his doctor, the family income is depleted. Unable to work, the infected person stays at home and the chances of transmitting the disease to his immediate contacts in the home are thus increased. Legislation, intended as a temporary measure in war-time, to treat early cases of pulmonary tuberculosis, and to grant financial allowances, was introduced in 1943. The chief idea behind the scheme was to improve, or cure, a patient of wage-earning age and capacity so that he could resume vital war work. Chronic cases are excluded and so are non-pulmonary cases from the scheme. It is doubtful whether the scheme has been an unqualified success, since with the financial aid granted, the economic circumstances of the family was reduced in most cases.

Cleanliness, especially around cases, may destroy some of the pulmonary tubercle bacillus. The amount of infection spread through clothing, bedding, books and articles used by the patient is small in comparison with the spread directly from person to person. In pulmonary cases the escape of the bacillus is by the sputum. Better housing may reduce the congestion and, therefore, the chance of spread.

Formerly, sanatoria were simply rest houses where rest, nourishing diet, and graduated exercises with medical attention for the relief of symptoms were carried out.

Now treatment is concerned more with surgical procedure for the collapse, and thus rest, of the affected portions of the lung. Some favourable results have been reported by the use of Calmette-Guerin (B.C.G.) vaccine in conferring resistance to the disease. It has been administered principally to children in homes where known exposure to tuberculosis exists. Further experience with this vaccine is necessary before its true value can be measured.

In Seaford, the social, domestic, and occupational changes brought about by the war do not seem to have increased the incidence of or the mortality from pulmonary tuberculosis, taking the war years together with the years 1945 and 1946 into account.

A D D E N D A

MEDICAL TREATMENT AND CARE OF THE AGED

It is predicted by statisticians that in a few generations there will be so few young people in this country that we may have to import some. Whether this prediction will prove true or not remains to be seen. There is no doubt, however, that due to a falling birth rate and the increased longevity during a considerable number of years, there is an increased proportion of the aged in most communities than there was twenty-five or thirty years ago. The number of people living now, above the age of seventy, is greater than has existed heretofore.

With this condition of affairs, there has arisen lately an intensity of that branch of medicine - geriatrics - which deals with the diseases of, and, in old age, with the hygiene and feeding of the aged.

Paediatrics, which is another branch of medicine which deals with the diseases, hygiene, and feeding of children, is a much longer established branch, and has occupied a much higher place in the hierarchy of medical science.

In the past, the ailments of the aged have been dismissed often as inevitable. Certainly not so much attention has been paid to them as to the special diseases of children.

The medical care and treatment of the aged - valuable though they are - are not so important as the prevention of ailments. Arteriosclerosis, and other manifestations of degeneration, which very often handicap the individual and make age hard to bear, may not be cured, but they may be controlled. If so, they must be detected at an early stage. To do so a periodic medical overhaul is necessary. It is then the concern of the doctor to try to prevent, or postpone, the afflictions of old age. To do so he must, in time, anticipate symptoms which give a clue to possible failure of any of the important organs.

On the other hand, dealing with diseases which attack an aged patient - these are the diseases in the aged rather than of the aged - the doctor assumes that there may have been some degenerative changes at work, before the acute infection, which will effect the end result. In dealing with the diseases of children, one assumes generally that before the child was ill it was probably perfectly well; there is no guarantee of this in the aged person.

In the periodic medical overhaul, there are many points to be noted by the examining doctor. A full history of past illnesses, such as influenza, rheumatic fever, scarlet fever, typhoid, kidney trouble, etc., would be put down carefully. This is done in case one or other of the past illnesses may have left some infection, or affected some important organ, such as the heart, in the patient. In the periodic overhaul, of course, all the systems of the body will be examined. Small points will be noted in addition, such as the condition of the skin, the hair, and so on. Thus, in early deficiency of the thyroid gland, the hair is dry and stiff, and the skin may be dry and leathery in texture. These signs, allied to a slow pulse and the patient's slow reaction to questions, make the doctor suspect thyroid deficiency. A further examination of the metabolic rate is then necessary to confirm this. There is no need to go much further into scientific details in this article, except to mention a few other points which the layman will appreciate as being connected with old age.

Everyone knows that arterio-sclerosis, or hardening of the arteries, is a herald of old age. Arterio-sclerosis may be, in addition, a sign of a future break-down, as haemorrhage of the retina of the eye, a 'stroke', or coronary thrombosis. Thus, apart from recognising arterio-sclerosis alone, the doctor will examine the eye, the blood pressure, and so on. Laboratory tests may also be required. In addition, x-ray examinations of the chest and of the teeth may be made to detect lung complaints and infected teeth.

The nutrition of the patient is important. It has been found that the aged require proteins. Until recently, it was thought that the main constituent of the diet of the aged should be carbohydrates.

With the use of the sulphonamide drugs, the mortality from pneumonia has decreased at all ages, but least decreased in the ages 60 years to over 70 years. A few years ago, it was shown that 90 per cent of the fatal cases had a pre- or co-existing condition, such as malnutrition, sinus trouble, heart and artery affection, kidney trouble, or disease of the liver. The aged patient may have had one or more of these. Hence, the importance of a regular medical check-up.

Generally, the aged are less resistant to infection than the young or middle-aged. Infection should, therefore, be prevented as far as possible. One has seen often the results of the lowered resistance of the skin of the aged to infection in bedsores and erysipelas. The use of the sulphonamide drugs has diminished the former gravity of erysipelas, however. With increasing age there is a lowering of the power of defensive mechanisms in the body. The lymphoid tissue atrophies with age, and this great barrier against bacterial invasion is weakened. The body's ability to form antibodies against bacteria, and their products, is also diminished.

With a periodic medical overhaul, and with the scientific regulation of diet and fluid in-take, combined with the use of up-to-date drugs where required, the burden of the aged can be lightened.

NUTRITION.

Local Authorities, as well as their Medical Officers of Health, should pay constant heed to the quality and quantity of food-stuffs available to the community under their charge. The quality and quantity of food have a great bearing upon the attainment and maintenance of health. Diet may lower the standard of public health in many subtle ways. It is not too much to say that diet may make or mar public health.

Food directly affects growth, nutrition, and wellbeing, and even influences reproduction. The kind, quality and quantity of food may increase our resistance, or lower our immunity to certain infections. The science of using different foods in the treatment and prevention of disease has grown apace in recent years. It is only necessary to point out the importance of scientific dieting in the prevention and treatment of such diseases as scurvy, rickets, tuberculosis, diabetes, acidosis, nephritis, gout, rheumatic affections, gastric ulcer, and many other infections.

Apart from the prevention and treatment of specified diseases, health and efficiency depends more perhaps upon the food we eat than upon any other single factor in hygiene.

It is, therefore, of the greatest importance that there should be a generous and varied bill of fare available to the population at large, and that the food should be of high quality. Food is made of proteins, carbohydrates, fats, salts, vitamins, and water.

Proteins are available from meat, milk, eggs, and a few seeds, such as the pea and bean. Meat is the richest source. Tubers, such as potatoes and vegetables, contain little protein. Proteins build the tissues of the body and repair those tissues. They are the only organic food substances which cannot be replaced by any other form of food.

Carbohydrates are derived from the cereals, the tubers of potatoes, the sugar of the cane, beet, fruits, etc., and glycogen in meat. Carbohydrates and fats form the chief source of heat and energy in our diet. Carbohydrates, or the starchy foods, are for the most part, deficient in protein, fat, minerals, salts, and certain vitamins. The cereal grains are the mainstay of the nutrition of most of the races of the earth. They are usually the cheapest source of food fuel. Corn, wheat, rice, rye, barley and oats, form a third or more of the in-take necessary to keep the fire of life burning in millions of people on the earth.

An over-indulgence in a carbohydrate diet results in digestive disturbances, flabbiness, and a proneness to pneumonia and bronchitis in certain cases. It is true that carbohydrates are needed in the diet, but so are meat, milk, eggs, green vegetables, fruits, inorganic salts, and vitamins. There should be a judicious variety.

Fats - fats and oils are contained in butter-fat, margarine, the fat of meat, the oil of fish, and a large number of oils from the plant world, from nuts and seeds, olive oil, ground-nut oil, and so on. Fats, in combination with the carbohydrates, are the chief source of fuel in the human body to yield energy in the form of heat and muscular power.

The mineral elements are concerned in every chemical and physical reaction in the body. They are individually indispensable. Life cannot be maintained without them, as the body demands small but persistent intakes of these elements necessary for its structure and function. The elements are sodium, calcium, magnesium, chlorine, iodine, phosphorus, sulphur, iron, copper, manganese,

and potassium. These are obtained chiefly from meat, milk, eggs, cheese, and leafy vegetables.

Vitamins are important and they have a bearing on resistance to and immunity from disease. The six chief vitamins are A, B, or B₁, C, D, E, G, or B₂. A is found in milk, fat, butter, egg-yolk, cheese, meat and fish, and prevents serious eye infections. B or B₁ is present in all natural foods, animal and vegetable. Lack of this vitamin leads to degeneration of nerve structure. The richest sources of vitamin C are oranges, lemons, grape-fruit, tomatoes, raw cabbage, and many other vegetables, such as carrots, turnips, and potatoes. Vitamin C not only protects against scurvy, but it is also an important part in normal nutrition and in the maintenance of a high level of positive health. Moreover, the body's ability to recover from injuries, and to resist unfavourable conditions is increased by it. Perhaps the best known vitamin to the public - vitamin D - is the anti-rickets vitamin. It is contained in oils, especially in the liver oils of cod, halibut and shark, and in the bodies of the herring, sardine and salmon. Besides preventing and curing rickets, it is essential for the proper growth and health of children. This vitamin is also present in butter, milk, egg-yolk and yeast. Lack of it predisposes to bad bone and teeth formation, and to catarrhal infections.

Vitamin E is required more for the nutrition of the adult than for the early rapid growth of children. It has an influence upon fertility. Its absence in experiments with animals has caused sterility. It is found in rice, cereals, lettuce, meat, egg-yolk, and liver, and in food-stuffs which have not been refined.

The vitamin which influences growth in man and in animals, and nutrition at all ages, is vitamin G, or B₂. The sources are, ox-liver, yeast, milk solids, dried egg-yolk, wheat grain, wheat bran, dried peas, and in whole wheat and maize. Lack of it causes skin trouble.

In this short account of the various foods and substances necessary to the human body, there appear the words - meat, milk, eggs, fats, butter, oil, and cheese, in repetition. These are the important substances we are short of, and every possible means should be used to obtain larger and more adequate supplies. In addition, some attempt should be made to vary the present somewhat monotonous diet.

